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DISEASES AND THE PRACTICE OF MEDICINE IN DAMASCUS.

[Concluded from page 95.]

THE practice of medicine here has made but little advance during the last two thousand years. The works of Hippocrates, Aristotle, Celsus, Galen, and others who were their contemporaries, form the hand-books of the physicians of the present time, and unfortunately these are but little studied, and imperfectly understood. A few, whose reverence for antiquity is not so great as to make them despise everything modern, have procured some of the Arabic translations of the French medical literature, published in Egypt under the patronage of the late Mohammed Ali, but they have so little education, are so ill qualified to take comprehensive views of the character of a disease, that the introduction of these exotics has hitherto been of doubtful utility. The physician fixes the name of the disease from some symptom more prominent than the rest, perhaps at a distance from the real seat of the disorder, and then goes to his book to find what medicines will cure it, and being thus introduced to many of whose power he knows nothing, he often employs, with a confidence which ignorance alone can give, agents which require the most careful management that can be secured for them even in an enlightened country, and not seldom to the destruction of his patient. I may mention one man, however, who is an honorable exception to the mass of the craft here, Mekhad Meshakeh, whose name is now known through the most of christendom as a religious polemic, whose acquirements would be considered respectable in any country, and considering the disadvantages under which he has labored, evince a more than ordinary degree of talent. Nor are his qualifications undervalued by his fellow citizens, as he has a much more extensive practice than any other native physician, and his business is steadily increasing. But the great mass of the profession know nothing beyond reading and writing, and many do not even know how to read.* Anatomy and physiolo-

* A Christian who could not read located himself in the Muslim quarter, and opened a shop as physician and druggist, and amongst other things furnished his room with a number of old Italian, French and English books, which he had picked up for a trifle about the city, pretending that though he could not read his native tongue, he was familiar with the learning of Europe; and in difficult cases he would pore over his old volumes with the gravity of a professor. He soon acquired the reputation of being a wise and learned man, and secured a good practice.

gy are entirely unknown, dissection never being practised, and having no anatomical paintings or engravings, they have no correct idea of the situation or character of the internal organs of the body. The practice of those who follow the old system, however, requires no knowledge of anatomy, as it consists almosts entirely of bleeding, enemata and the actual cautery. Bloodletting is carried to a most injurious extent, hundreds in this city annually falling victims to this practice. Besides general bleeding with the lancet, there are sold yearly in Damascus alone more than 800,000 leeches by one company, besides some hundred thousands brought in and sold secretly by others, making together over a million of these parasites, each of which is applied several times. They are used for every pain that "flesh is heir to." I have often seen them put upon infants two or three days after birth, for colic or some other trifling affection, and not a few children at this tender age bleed to death from their bites. Their oft-repeated application to weak, sedentary, nervous females, on the occurrence of the least pain or uneasiness, produces a constantly anæmic condition of the system, almost universal amongst the women of the city, and entails upon them perpetual weakness and misery. But it is in the treatment of intermittent fever that this system of medication is most injurious and widely destructive. The flushed and turgid face, the hot and dry surface, the throbbing temples and severe headache, the full, strong and rapid pulse, which generally attend the hot stage, all, according to popular opinion, call for depletion, and the lancet and leeches are both liberally used. On the return of the next paroxysm a similar train of symptoms recur, and again bloodletting is resorted to, and thus as often as the fever returns the patient's vital fluid is drawn off, until he is completely prostrated. The paroxysms are often arrested by this treatment, but the miserable victim becomes sallow and emaciated, loses his appetite, and dropsy soon winds up the account with him.

The other standing prescription of the physicians, enemata, possesses the negative recommendation that it is not capable of doing much injury; and it may often be beneficial. As cathartics are seldom given, almost all action of the bowels, especially in fevers, is procured by their means. The active ingredient is always the cassia fistula.

The last of the great medicinal agents, the actual cautery, is used to an extent that would shock the nerves of the people even of our cooler clime. It would be difficult to find a man, woman, or even a child many months old, whose head, body and limbs, are not scarred with the hot iron. I have seen in numerous instances a cauterization extending over the upper part of the forehead, from one ear to the other, quite through the scalp, for inflammation of the eyes; and half the children of the city have a large deep burn on the crown of their heads, for the cure of that universal disease of the young here, scald head. Though the cautery, like bloodletting, is used without much judgment or discrimination, it is a powerful counter-irritant and useful curative agent, and might often be advantageously employed in our more enlightened practice.

Damascus has but one native surgeon, a Muslim, who has no educa-

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tion whatever, yet who possesses much skill in the operative department of the art. His forefathers, through several generations, have been surgeons-general to the Hadj, or religious caravans from hence to Mecca, and on the decease of his parent, he succeeded to the office; and he is now on his thirty-third journey to the tomb of the Prophet. He has under his care all the most important surgical cases which occur in a company of 30 or 40,000 men during a journey of four months annually, besides an extensive private practice in the city during the rest of the year; and possessing a steady hand and a good judgment, he has acquired much tact in the use of the knife. He has operated several times for stone in the bladder, since I became acquainted with him, and has been uniformly successful. His mode of operating is the ancient one of "*cutting on the gripe*." He introduces the forefinger of his left hand into the rectum, and while an assistant presses firmly upon the abdomen above the pubis, he hooks the stone with his finger and presses it down towards the neck of the bladder, making it protrude against the perineum. With a scalpel he then cuts down on the calculus, making the incision considerably larger than its diameter, and while increasing the pressure upon the stone through the rectum, he seizes it with a forceps or his fingers and extracts it without difficulty. Judging from what I have witnessed of this mode of operating, I think it attended with less danger in the case of children (and there are no other cases here) than the one commonly practised in Europe and the United States.

Midwifery is entirely in the hands of females, and it is only in the last extremity, when all hope of otherwise saving the life of the woman is lost, that a physician is called. Fortunately for the suffering sex, the pains of child-birth are trifling here in comparison with what is suffered by women in America. Were it otherwise, with the unnatural treatment to which they are subjected by the midwives, one half of them would die in parturition. The warmth of the climate seems to exercise an important influence over this process, so relaxing the female system that little resistance is offered to the passage of the child, and though the uterine pains are weak and apparently inefficient, labor in most cases is very brief; and were nature left undisturbed to fulfil her functions, but little suffering would be endured. But the *sages-femmes*, to show their skill and the profound knowledge they have of their art, interfere in the most unnatural and often barbarous manner, inflicting upon the woman the severest torture, and not unfrequently injuries, also, from which she never recovers.

But the skill of the midwives is not confined to obstetrics; it extends to the treatment of most female diseases, especially to cases of sterility—and it is in this department of their profession that their practice is most mischievous. Unhappily for woman, barrenness, in this "clime of the East," is a common misfortune, and as the subject of it can never hope to enjoy any domestic peace unless her "reproach" be taken away, and she bear at least one son to maintain the name of the family and to inherit the property and honors of his father, in bitterness of spirit she will submit to any treatment, however severe the suffering it

may involve, if it hold out any hope of her becoming a mother.* In such cases these harpies are never at any loss to understand the cause of the sterility, and to suggest expedients to remove it, and in their medication they often use means which nothing but the deep conviction that all her earthly happiness depended on its success would enable her to submit to; and when one experiment fails, as fail it must, hope whispers the trial of another equally painful, until her constitution is destroyed, and she sinks into the grave.† I have known numerous young, vigorous females fall victims to the cruel treatment of the midwives, and no advice would deter them from pursuing their rash experiments, until advice could no longer profit them.‡

With regard to the vices which more immediately concern our professional practice, a few lines must suffice. Houses of public prostitution, like those found in the large cities of Europe and America, do not exist here, owing rather to the peculiar state of society than to the superior morality of the people. Amongst the Muslims, the license allowed by their faith in relation to wives and concubines, and the facility with which they can divorce one and marry another, is so great, that they have no temptation to lead them from home; and the sons immediately after puberty are supplied by their parents with women, who are brought to the houses and kept as long as they desire them. These are always widows or divorced women. With the Christians and Jews, the easy morality of the married women, and the opportunities they have for criminal indulgence, is such that no public establishment would be frequented. There are, however, a few notorious public women in the city, but with characteristic gallantry these are always taken to the lodgings of the men who patronize them. Another peculiarity is, they all have legitimate husbands, as no woman would be permitted to pursue a licentious course who was not legally married.

Pederasty is almost universal amongst the Muslim population of the

* The most prolific source of barrenness here is early marriages. A very large majority of the girls are married between the ages of 10 and 14, and some as young as nine, to men from 25 to 30 years old. With most of the female children thus married, menstruation has not commenced, and the uterus being prematurely stimulated by sexual intercourse, this function in many is never regularly performed, and sterility is the consequence. As females here enter into matrimony so young, it has been supposed by most physiologists that menstruation commenced much earlier in female life in this climate than in America and England; but from an extensive and careful inquiry directed to this subject, I am satisfied there is no difference. After this function is once established, however, her form is more rapidly developed, and she is earlier fitted for the duties of a wife and mother, than woman in America. Independently of the sterility which is often occasions, this unnatural and barbarous practice of marrying such children to full-grown men produces an amount of physical suffering, sufficient, one would suppose, to deter any mother from thus exposing a beloved child; but immemorial custom, and the fear of not being able to make as advantageous a matrimonial alliance for her daughter if she attain to womanhood before marriage, repress all other considerations. Several cases have come under my own cognizance, in which young married women have endured the severest tortures for years, in consequence of such ill-assorted espousals.

† This sometimes happens in a very summary manner. Quite recently, a woman who had borne one child, but did not again become pregnant as soon as she thought desirable, applied to the *dayat* for advice and medicine, and after following the prescriptions of several in succession without any benefit, she sought the aid of one living near us. This assured her that the *bell of wiled* (the uterus) was closed, and must be opened or she would never bear any more children; and going to a blacksmith she procured a sharp iron with which she impaled the woman, causing her death in half an hour.

‡ The above remarks apply only to the Christians—the Muslims manage these matters easier. If a woman amongst them be sterile, her husband either divides her bed with another, or, if unwilling to support two wives, he divorces her, and supplies her place with a new one.

city—ninety in every hundred being either occasionally or habitually guilty of this detestable crime; and not only so, but they glory in it, and boast of it one to another. Troops of catanutes may sometimes be seen together parading the streets in the Muslim quarter, being known by the peculiarity of their dress, their long hair, and general feminine appearance. Jewish and christian boys are frequently hired for this abominable practice, but most are obtained from the gipsies. Sadly as the christianity of this land has been corrupted, it still restrains its followers from this unnatural and revolting vice. God hasten the day when a pure christianity shall banish it from the earth! Yours truly, J. G. PAULDING.

Damascus, Oct. 2, 1851.

NOTES OF DIFFICULT LABORS, IN THE SECOND OF WHICH ETHERIZATION BY SULPHURIC ETHER WAS SUCCESSFULLY EMPLOYED NINETEEN YEARS AGO.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. ———, 41, was married at 19; has had sixteen labors at full time, and two abortions. Her last labor was in January, 1852. Labors have always been long and painful. The precursory symptoms have filled most of the time. I refer to the time which is taken for the dilatation of the os uteri to occur, and the head to enter the brim of the pelvis. The suffering now is very great, principally affecting the chest with a sense of suffocation, anguish, choking, gagging and vomiting. There is also great distress across the upper part of the abdomen. Spasmodic twitchings also attend. Now this state of things continued in the first labor ten days, and in others longer. In all a very long time is passed in this way. In her last it was four or more days. Then true expulsive pains begin; for though this character of effort may show itself often and severely in the precursory stage, it never produces progress. The head remains at or above the brim, and not the least pressure is felt on the fingers during contraction.

I have attended this patient a number of times. Mr. ——— cannot endure labor in the horizontal position, or on a bed. She has a special arrangement for this process, viz.: three common Winsor chairs are tied strongly together, the bottoms looking towards each other, one behind and one on each side. A matress is placed on them, and a chair is placed in front for her feet. In this half-sitting, half-lying position, she can exert great power. During uterine efforts she seizes the chairs at her sides and braces herself strongly against them, and in this way she gets much advantage. The vagina and external organs are forcibly pressed down, and fill up the vaginal outlet. This produces great distress. She finds relief in having both external and internal pressure so applied as in some measure to reduce these parts and keep them in a more natural position.

The difficulty in this case arises from the position of the pelvis. The promontory of the sacrum is mounted higher up and projects farther

forward than is natural. This renders the plane of the brim more oblique, and the symphysis being depressed, it is more inclined than usual, or more *dished*, giving to the cavity of the pelvis somewhat of a funnel shape. The abdomen is very pendulous. Her children are large. The head is particularly so. It is not difficult to understand that in such an arrangement, the entrance of the head is delayed, the symphysis and bladder much compressed (frequent micturition always being present) and that the length of the precursory stage of labor should be so great. Mrs. ——— is very short in stature, and I lately asked her if she was deformed. She said no; on the contrary, she thought her form quite natural. I have used ether in the labors which have occurred in this case, since its discovery, and with the very best advantage. The precursory symptoms have been removed, or so lessened as to be tolerable. Voluntary efforts have been controlled, and the protrusion of organs referred to has been diminished or has ceased. The greatest comfort has thus been derived from etherization. It was used in her present, or latest labor, with excellent effects.

In this, Mrs. ———'s last labor, I was not called till many hours, nay days, had passed from its beginning. I learned that she had not slept for two nights. She was conscious that no progress had been made in the labor. Her old troubles of the precursory stages were present in their fullest degree, and with these, strong expulsive contractions were conjoined. It seemed as if the womb would yield to its own violence. Examination showed perfect relaxation of vagina and external organs. The os uteri was beyond reach, and no presenting part could be felt. I called again and again, and at length, towards evening, reached the os uteri, and found that it was dilated, and a large bag of water was protruding into the vagina. I determined now to break it, and as the quantity of water seemed very large, a white wash bowl was placed to receive it. The discharge was large, estimated at two quarts. It was perfectly *black* in color, as seen by lamp-light—not brownish, as is the meconium color when this substance is mixed with the liquor amnii, but black like ink. In subsequent contractions more fluid of the same appearance was caught in a bowl. Sulphuric ether was now used with its usual excellent effects; and in less than three hours from the breaking the bag, a living child of full size was born.

From the color of the liquor amnii, and the possibility of its dependence on the meconium, it occurred to me that the child must be dead. The great quantity of liquor amnii, however, prevented much pressure upon the fetus or the placenta, during so long a labor, and the child was born living. Mrs. ——— recovered rapidly. The bowels were naturally evacuated the second day after delivery, as so often happens after etherization; and my attendance soon after ceased.

Remarks.—This case has interest because of the character of its precursory symptoms, or the *first stage* of the process. This stage has always been exceedingly protracted, and accompanied by great pain. It is not spurious labor, which gives this character to this stage. There is no question of the dilatability or dilatation of the os uteri, though it cannot be reached. This state of the vagina and external organs is as

perfect as is ever met with, and the *show* abundant. The depth of the pelvis, its direction, the distance of the os uteri, only prevent the reaching of it. The head enters the brim very slowly, and the bag forms in the same way. I have met with other like cases, some of them very strikingly like the above, but no one in which this extraordinary slowness of descent in the first stage has been so remarkable, or any in which the others have been completed more happily, or in a shorter time.

Its interest is increased by another fact which it presents. This is far more interesting and important than is this naked recital of delay and of suffering. In my visit following her delivery, I asked Mrs. — how many times she had used ether. She named them, and added that there was one other time in which she used it with great advantage. I asked when. Nineteen years ago, she said, she gave birth to her eldest son. Her labor lasted more than a fortnight. In the absence of her physician, her husband tried to find something which had given some relief in her former and first labor. He failed; but being engaged in preparing a chemical lecture, and making experiments with sulphuric ether, he thought he would try that. It was wiped freely over her face, and forehead, and *breathed*. To his surprise all her distress passed away—the spasmodic twitchings disappeared—violent voluntary effort, and which constituted so much of her misery then, and has in all subsequent labors, ceased to annoy her. Her physician arrived, and was so much pleased with the effects of the ether that it was employed during the rest of the labor. Her labor was now easy, was soon completed, and a stout living boy born. Such was her account of her first use of sulphuric ether to diminish or to abolish pain.

Here, then, is the first recorded case of the breathing of sulphuric ether for lessening or abolishing pain in labor. Is it not the first case in which ether was purposely employed to remove suffering—pain as a mere symptom. It was not used by a medical man, nor because this woman's husband knew anything of its medicinal uses. It was at hand, had special properties. It was simply *tried*, and perhaps because of its peculiar and positive physical properties alone. Its effects were marked. The patient was at once relieved, and as she stated to me with great distinctness, "the effects were precisely the same as she has experienced from it by my own ministrations in subsequent labors."

Mr. — was surprised, on looking back on cases which succeeded that in which he had used sulphuric ether with so much success, that he had not tried it again. Had he done so, he might have claimed to be regarded as the discoverer of its anæsthetic agencies. Would he not have been the discoverer? If simple priority of use determine such a question, is not his claim now established? Newton discovered the calculus in 1669, having then written a treatise which contained its principles. It was not published till many years after. Leibnitz made the same discovery, and published it before Newton, and with a much better notation, which is now universally adopted. But who questions if Newton were not the *first* discoverer, and who refuses to him the honor due to such a discovery?

[THE writer of the following article, a professor in a distant medical school, thinks the good of the profession requires the insertion in the Journal of something like what he has written. We withhold a part of his remarks, which appear to us of a nature to exceed the limits, as to freedom of criticism, which an anonymous writer should be allowed when criticizing one who appears over his own signature.—ED.]

STRICTURES ON "STRICTURE OF THE URETHRA."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take it for granted that your "Journal" is ever open to the reception of scientific truth, as well as to the exposition of error, both theoretical and practical.

In the number of February 4th, I find an article headed "Stricture of the Urethra"; to the author of which, I propose to put a few interrogatories. The author says, "the nature of the case under consideration was evinced by the retention of urine, and the groans of the patient," when he first saw him on the 21st of August; and that a physician had been in attendance the day before; and on inquiry as to treatment, "all was found to be judicious." The author next informs us that he "ordered, with some alteration, a continuance of the" (*judicious*) "medical course, which consisted in aperients, diuretics, fomentations, and anodynes by draughts and enema."

The next day, at 2 o'clock, P.M., "sixty hours since micturition, with the exception of discharge of half an ounce in the interval of last visit," on examination, the author says, "bladder much distended, very sensible and perceptible to the touch, in pubic region." If the patient had been taking *diuretics* for sixty hours, and only half an ounce of urine had been voided during that period, would the author expect anything else but a "distended bladder"?

Again, the author says, "On examining state of bladder and its appendages per anum, find their condition more abnormal than anticipated. The inferior portion and cervix *enormously thickened*, prostate barely distinguishable." Which is situated nearest the verge of the anus, the prostate gland, "or the inferior portion and cervix of the bladder"? The author states that before leaving the patient at this visit he "ordered warm bath at intervals, blister to the loins, and a continuance of the treatment, except *diuretics*." The author has informed us what the practice of his predecessor was, and "found to be judicious." If the treatment the day before was "judicious," why were the "*diuretics*" omitted, and a "blister to the loins" substituted?

It appears that in the course of the night of the 22d, the bladder was punctured above the pubis, and a female catheter inserted into it, which "immediately relieved the organ of more than five pints of high-colored, ropy urine." How does it happen that the "inferior portion and cervix" of a bladder should become "*enormously thickened*" when distended and attenuated to such an extent as to contain "more than five pints of high-colored, ropy urine"?

Does the present Professor of Surgery, or did his illustrious prede-

cessor, in the Massachusetts Medical College, instruct his pupils to administer *diuretics* and apply a *blister* to the *loins* of the patient to relieve him from retention of urine, and a "bladder much distended," when caused by "a most perfectly-organized stricture"?

In charity for the author, and for the surgical character of the Southern Mass. District Medical Society, I would fain hope that your "typo," by mistake, had substituted "*diuretics*" for *diaphoretics*. For I am sure this error might be much more readily committed by the printer, than the one attempted to be charged upon him by a surgeon "down east," who, very *systematically* and *scientifically*, proceeded to describe the mode of his operation for strangulated hernia on an elderly lady, some years since. You will doubtless collect, in the case to which I allude, the operator proceeded to place his patient in the proper position, and, with all things in readiness, he steps us boldly to the work, with knife in hand; first divides the integuments, next the superficial fascia, which brings into view the *cremaster muscle*!—then the fascia propria, sac, &c., of the old lady.

On the 31st, "some symptoms of peritoneal inflammation appearing," the author of the paper "recommended the radical operation for stricture of the urethra." After cutting down upon the point of the catheter at the seat of the stricture, I would ask the writer if he thinks he would have been "several times foiled, by an interposing smooth substance, obviously of a membranous structure, either a fold of the mucous membrane of the bladder, or a partial membranous partition," had he attempted to perform this operation when the bladder contained more than five pints of urine, and before it was punctured above the pubis? Or, if a male catheter had been passed into the wound above, and directed under the pubis, and into the prostatic portion of the urethra from within outwards, so as to be felt in the perineum, the operation could not have been more safely and expeditiously performed?

It appears, from the report of the case, that the patient was more or less under the care of the author of the report from the 21st of August to the 10th of October, and from the time of the last operation passing his urine through a canula in the perineum, when he was removed to the Massachusetts General Hospital, where a cure was effected by one of the surgeons of that institution.

MEDICAL TOPOGRAPHY OF BERKS COUNTY, PENN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I think it was suggested either by yourself, or some of your correspondents, that your subscribers should annually accompany their subscription money by a concise sanatory report of their districts, or by any other matter that might be deemed interesting to the numerous readers of your valuable Journal. The execution of this suggestion would probably have two highly beneficial results:—to furnish you interesting matter, and to transmit your "*substantial aid*," *regularly* and *promptly*—so that if your subscribers should come short of the first (as may

readily be the case in the present instance), the latter will perhaps be always sufficiently interesting to *yourself* not to be rejected.

Our County (Berks) lies in eastern Pennsylvania, in north latitude $40^{\circ} 10''$, and the city of Reading, the seat of justice, is $1^{\circ} 3''$ west from Washington, and is elevated 610 feet above the tide water of the Delaware at Philadelphia. Our mean temperature, accurately observed during a series of six years, is 53.11° Fah.

As chairman of the sanatory committee appointed by the Berks County Medical Society for last year, I drew up a report on the topography of the County, based upon geology, according to which our diseases were classed. The results of observations made with reference to geological constitution have been of a highly interesting character. Our County consists of four principal formations, and although our population is very homogeneous, being almost exclusively composed of natives from the Teutonic family, with habits and manners remarkably similar, yet we found a material and striking difference in the mean longevity on the different formations, varying from 23.55 to 43.14. It was also observed that some diseases were almost exclusively confined to certain geological formations; and that even some epidemics, as dysentery, for instance, were defined with great sharpness by the different strata. Some endemics, too, occur almost exclusively on certain geological formations.

From the foregoing important and interesting facts, it appears to me the time has arrived for the profession to turn its attention to what I may be permitted to call *medical geology*, as the basis of all medical topography.

The past year has been one of general health in our County, except the epidemic prevalence of dysentery in a circumscribed section, confined as usual to certain formations; and a pretty severe visit of typhoid fever on the syenitic formation, where this affection is endemic.

The city has been less fortunate. Scarletina, from which I can scarcely say we have been entirely exempt for the last ten years, took a considerable increase from about the middle of last summer. In my practice it was almost exclusively confined to children, and the most prominent prodromic symptom was vomiting. After the eruption was out, and the disease well formed, the most marked symptom was delirium, which lasted four or five days, or, I should rather say, nights, for most commonly the patient was quite rational and tranquil during the day, but very delirious at night. I find by a reference to my record that I have treated 72 cases through their whole course, out of which 3 proved fatal. I saw three other fatal cases, all in the sequelous stage. One of these died from hemorrhage of the bowels, one from swelled glands before suppuration was established, and one (seen in consultation a few hours before his demise) from anasarca. Of the 72 cases treated from the first setting in of the disease, 7 became anasarcaous, and none had suppuration of the glands. None of the anasarcaous cases died. I saw three or four other cases of anasarca in consultation, all of which recovered, except the one above referred to.

The whole 72 cases were treated by laxatives when required, which was usually at the commencement, and the unrestrained use of hydrochloric acid diluted with water and sweetened, except one case in which

bronchitic symptoms were prominent, and antimonials were used. From fifteen to twenty drops of the acid were directed to be put into a half pint of water at the temperature of the chamber, well sweetened with white sugar, and allowed ad libitum. It was commonly very grateful to the patient, and taken with decided pleasure. No other general treatment was resorted to from first to last. From a good deal of previous experience in the treatment of this fatal disease, I was seriously impressed with the evil of the *nimia diligentia medicinae*, and at first resorted to the use of the hydrochloric acid rather as an abatement of this evil than from any great confidence in its virtues. Skeptical as I am, however, in medicine, I am, from my late experience, forced to attribute very considerable efficacy to it in the treatment of scarlatina. I by no means, however, consider it a specific to be relied on to the exclusion of other rational means when indicated. I think its salutary effect upon the local inflammation of the throat, when the acid is put in use at an early stage of the disease, not among the least of its benefits. It appears to me I had fewer anginous cases to contend with than some of my brethren who did not use the acid; I certainly had fewer than I have ever before had in the same number of cases treated in the same period of time. I deemed it necessary to bleed but in a single case, and that proved fatal; not because the bleeding was inappropriate, as it for awhile controlled the violence of the symptoms, but because the case was complicated with severe convulsions.

Externally to the throat I used counter-irritants, preceded by leeching where the local symptoms threatened to be violent. I found oil of turpentine and olive oil mixed in equal parts, or, in the proportion of two thirds of oil with one of turpentine, applied every three or four hours, and the evaporation prevented by the application of a strip of flannel, a convenient means of obtaining my object. The sloughy ulcers of the throat, when met with, which was seldom, I treated satisfactorily by the application of nitrate of silver in solution, in the proportion of two scruples to the ounce of water, applied once a-day. I found that this application can be much more effectually made by means of a nicely-trimmed piece of sponge securely attached to the end of a whale-bone handle, than by a camel's-hair brush. I even prefer a swab, made by rolling a narrow strip of muslin on the end of a stick, to the brush. A very important indication in young children* is to keep the nostrils pervious, in order that the due aëration of the blood in the lungs may not be prevented. This is done very effectually by throwing freely into those passages, by means of a small syringe, warm sage tea slightly acidulated with vinegar and sweetened. Young children, too, as well as older ones who have become exhausted by the disease, require to have the tough mucus which obstructs the larynx removed from time to time. This, also, is best done by means of the syringe and the tea prepared as above described. Cool or tepid sponging of the surface was resorted to, with its usual tranquillizing effect. My cases of anasarca were treated chiefly with jalap and cream of tartar.

The scarlatina has now almost entirely disappeared from our city, but

* Very few children under the age of a year took the disease.

has been replaced by measles, which have thus far, however, proved mild in their character. Variola has within a few weeks been imported into our city from Philadelphia, but it has, up to the present, been confined to two or three localities.

Very respectfully yours,

Reading, Penn., Feb. 25th, 1852.

JNO. P. HIESTER.

HOMŒOPATHY vs. ALLOPATHY.

[It is not often that we draw from the newspapers anything against the medical heresies of the day. The following remarks, however, by Rev. Henry Ward Beecher, of Brooklyn, N. Y., from the "New York Independent," contain so much of truth as well as humor, that we copy them into the Journal. A book publisher sent him a volume, entitled "Homœopathic Domestic Physician," and he thereupon indites the notice which follows.—ED.]

We have steadfastly adhered to the old school, probably from our naturally conservative bias. New-fangled notions we have always had our own opinion of. We have stuck, therefore, to the good old paths of medicine, and refused to remove a landmark—blister, lancet, pill, bolus, lotion, potion—all are yet objects of respectful reverence. We have grave moral doubts as to this insidious, mysterious, tasteless homœopathy. It seems not unlikely to be part of a general tendency to effeminacy which is creeping in with wealth and refinement. There is a strong aroma of indolence about it. It requires no exertion, no self-denial. Taking medicine, once a manly and heroic achievement, has become a mere sugar-plum affair.

Once doctors sat around a sick man like a fleet of ships about Gibraltar. They bombarded a disease, front and rear, with balls and bullets; they pierced it, or scarified it, or hung upon its course with cataplasms and blisters, at such a rate that any man with half an eye could see that one or the other must give out hastily—the disease or the patient! Now our homœopathic Chesterfield regards a disease as a good-natured intruder, that can be winked and bowed and smiled out.

But, pah! We are ashamed to think how these effeminate doctors, who carry a whole apothecary shop in a pocket-book no bigger than your hand, walk in, put three drops of something into two drops of water, giving you a tea-spoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk-sugar, and that he calls medicine! Our Anglo-Saxon forefathers would have scorned to get well upon such dainty practice, and would die like men upon substantial medicine rather than sneak back to life upon such effeminacy.

To be sure, almost every relative that we have, paternal, fraternal, seroral, but *not* uxorial, has yielded to the insidious temptation and gone into these bye and forbidden paths. We feel like *Abdiel*, faithful found among the faithless; and we do not mean soon to desert the friends that have stood by us in so many chills and fevers, so many bilious fevers, and measles, and chickenpox, and influenzas, &c.

We are daily exhorted to apostacy. Example and cyclopedias of ad-

vices are lavished upon our obduracy. Our friends are against us ; our parishioners, not a few, are against us. Books have been sent us. Oh, the cures that have been recounted ! We are duly impressed from time to time with the fact that our departed neighbor would have been alive now, if he had taken his friend's advice and sent for homœopathy ; this child had gone down in the car of allopathy to death's door, but changing drivers, the chariot of homœopathy brought him back in a jiffy. This friend had a sick headache, and took three pills of pulsatilla, and before she could get the bottle corked up again she was entirely cured. We are assured that croup is now nothing, if you only have the right medicines by you. Measles are right down good fun, and teething and convulsions medical diversions. Scarlet fever, that bloody horror of the nursery, the moment he sees Dr. Hahnemann, "comes right down." Indeed, the old red dragon is crestfallen, and goes about as different from the scarlet fever of allopathy, as Red Jacket, civilized into drunkenness and into a ditch, was from the whilom savages who greeted a midnight village with a war-whoop, and found the way into it by the light of its blazing roofs.

If one dies under this practice, we are assured that "all men must die when their time comes, in spite of all medicine." And this seems rational. But if it had been allopathy, they would have taken us by the button, shook their sad heads, sighed, and ejaculated, "strange !" as if no excuse could be given for a man who died in the pale of the old school. It was evidently suicide !

Then, too, there is no harm done, even if there is no good, we are told. Pa and ma are afraid of *strong* medicine ! But these darling little dainties, these pills for fairies, you may take any number without danger. Indeed, their power is inversely as their number. Three are better than four, two better than three, one better than two, and none at all better than—but we will not say that.

But we have observed how much more medicine is taken by many of our kind friends of this school than by us. To be sure, a stout blue pill is a mountain by the side of their homœopathic dust. But then we only take such once a year. Now medicine so harmless as those dear little phials contain, is a very temptation.

Does the head ache?—a pill. A stitch in the side?—a pill. Heavy eyelids, with recurring symptoms about the same time every night?—a pill. Is the nose stuffed?—catarrh?—*nux vomica*. Does the nose run like a fugitive slave?—*lachesis*. Is it suddenly arrested and shut up?—*aconite*. Is one troubled in the face? Deliverance abounds. A hard face, without feeling?—a little quicksilver. Redness in the face, agitation and disposition to crawl?—*belladonna*. And so on. Life with some nervous people becomes an interesting game. Their body is like a forest, pains are the wild beasts, and pellets the means of hunting them, and the patient lies in watch for pain with as much zeal as a hunter among the reeds for the descent of a flock of ducks. He and she have got something that will do the business for them.

In good earnest, we regard medicines with little favor. Our first receipt for sickness is not to get sick ; our second reliance is upon a well-

bred, sensible doctor. We select the doctor; it is his business to select the medicine, and we do not care a pin what it is.

THE SUFFOLK DISTRICT MEDICAL SOCIETY.

Meeting for Medical Improvement, Feb. 23, 1852.

REPORTED FOR THE JOURNAL BY GEO. STEVENS JONES, M.D.

Dr. H. I. BOWDITCH, Chairman of a Committee appointed for investigating the causes and frequency of intermittent fever in this State, and particularly those cases which had occurred in the practice of a member of the Society, in the town of Chelsea, announced his readiness to report to the Society the result of the labors of the Committee. On account of the severe storm, which prevented a full attendance at this meeting, and considering the report to be one of great interest to all the members, its reading was, on motion of Dr. Ware, postponed until the next meeting. Dr. JOHN WARE exhibited the larynx and part of a trachea, which was taken from a child who had been attacked with membranous croup about a year previous to his death. The specimen had been sent him, from the country, with a promise of a history of the case, and when received, it will, by the courtesy of Dr. W., be forwarded to the Journal for publication. It is certainly a unique specimen, and it is hoped a drawing may be made from it. Dr. JOHN JEFFRIES, President of the Society, made mention of a case of membranous croup that had lately occurred in his practice, which happily terminated favorably. He first saw his little patient (a boy 15 months old) on Wednesday night, Feb. 10th, at 10 o'clock. There were evident symptoms of croup: hot skin, *brass* cough, hurried respiration, &c. An emetic of ipecac. and a warm bath had been prescribed for him; the emetic had operated freely, and the bath had somewhat quieted him, so that he fell asleep. Five grains of calomel were applied by a spoon to the fauces, and at 12 Dr. J. left the patient, with directions to the attendants to give him two grains of Dover's powder if he should appear more uneasy during the night, and to repeat it after two hours if he was not quieted by the first portion; to apply hot baths to the throat, and to keep the room at a temperature of 73° to 75°, with as much vapor as could be produced from boiling water. At 7½, A. M., he saw the patient again, and learned that he had had a restless night, with little or no sleep; his pulse was more rapid, flesh hotter, respiration obstructed, with occasional cough which was croupy, and sometimes a croupy sound on respiring. He had taken his two Dover's powders, but did not appear much better under their influence; he also had had two free dejections from the bowels. The solution of nitrate of silver, 40 grains to the ounce, was applied by the sponge probang to the laryngeal chamber, and on the withdrawal of the sponge, it was found covered with a coating of lymph, which fell from it in flakes on washing it in water. Except that he was distressed from the effort of the application of the sponge, there was not much change after it; perhaps he might have breathed a little easier. Another Dover's powder was given, and the Doctor left at 9—but in half an hour was again called on account of a very severe turn of strangulation, which the little sufferer had on waking. At 10 o'clock, the respiration being more obstructed, the nitrate solution was again applied, and with apparent relief to his breathing. It was also applied during the day, at 12, M., 4, 6½, and at 10 o'clock in the evening. By each of those applications he was decidedly relieved in his breathing. He has had, during the day, several dejections, which were colored by the calomel; he was at times disposed to be playful, and drank with eagerness. At 11½ his respiration became more labored, with occasional cough, and the nitrate solution was again applied, and, as in the other applications, with relief to the urgent symptoms. At 2½, Friday morning, the solution was again applied, and again at 5. Since 6 o'clock, Thursday afternoon, his respiration has been with a catch at every breath and a loud *rule*. Friday morning his face was very pale, pulse hurried and distressed during inspiration. At 7 o'clock, chloric ether was administered, and occasionally afterwards repeated. At 10, he seemed much exhausted from the continued

action of the bowels, for which cinnamon and opium was given to check the action. At 10 $\frac{1}{2}$ and 12 $\frac{1}{2}$ the solution was applied to the larynx, which afforded more relief in respiration. Wine and other nourishment was directed, but he gradually failed, until 4 $\frac{1}{2}$ P. M., at which time, on giving him his drinks, he coughed, which had not been done before for several hours, and he seemed to be more relieved than at any other time previous. The cinnamon and opium was continued, as also the wine and arrow-root, of which he has taken freely during the day. On Saturday morning, at 9 o'clock, has had a distressed night, countenance livid, features nipped, and from 12 M. to 4 P. M., he seemed to be rapidly sinking. He has had more cough, and has appeared at times to have the larynx relieved by the effort. At 4 $\frac{1}{2}$ he became more relieved, and has so continued up to 9 $\frac{1}{2}$, when he was asleep. Respiration much easier, and just audible across the room, sometimes only at the bedside. The chloric ether was the only means of relief in the extreme suffering through the night. He took the opium twice in the night, and, on waking, coughed and appeared to expectorate; his breathing still continuing relieved in a great degree. At 12 M., has been easy since last report; respiration without noise except a rale; is asleep, lying on the right side; has taken no opiate; emulsion continued. Nine, P. M., has remained quiet most of the time, vomited twice, remedies suspended. Twelve, Sunday morning, has slept quietly and easily, breathing freely. Awoke and seemed hungry. Gave him arrow-root, of which he ate 30 tea-spoonful, and swallowed without difficulty. Monday, 10, A. M., four days from the attack, he is now doing well, and continues to improve; and to-day (28th), with the exception of loss of voice, may be said to be well. The Doctor, in mentioning this case, said that there was nothing in the symptoms or treatment which differed very materially from others which he had seen, excepting the frequent application of the nitrate solution; but the history of every case of recovery from true membranous croup possessed an interest to the profession, and he thought it the duty of every member of the Society to make such cases known.

Dr. JOHN WARR thought the case a very interesting one; he had never known the nitrate solution to have been applied so often, or such a number of times, in a similar case. It might be a very important feature in changing the diseased action of the parts concerned in croup. Dr. J. S. JONES asked if the solution of nitrate of silver, 40 grains to the ounce, was considered as a caustic, or was used as such in the treatment of diseases of the air passages?

Dr. JACOB BIGELOW remarked, that early writers on inflammation of the mucous surface of the larynx, had recommended nitrate of silver to be used. It was his opinion that the solution should be strong enough to destroy the epithelium, or inner membranous surface; and if that is done, there could be no croup. All the inflamed parts must be touched in the early stage of the disease; and for that purpose, he should think a saturated solution of the silver preferable. Quite a discussion arose among the members as to the best form and strength of the nitrate to be used in diseases of the air passages, in which Drs. H. I. BOWDITCH, H. G. CLARK, JOHN WARR, and J. S. JONES, participated. Dr. Jones did not believe that croup began in inflammation. Dr. H. G. CLARK mentioned that the success Trousseau had met with in tracheotomy, in croup, had been overstated. Dr. CABOT thought, when resorted to early, it would or should save the patient. Dr. J. B. S. JACKSON mentioned that Trousseau had informed him, that about one half of those upon whom he had operated, recovered. As regards the action of nitrate of silver in croup, he must say, that in none of the post-mortem examinations which he had made of persons dying from it, and where the silver had been freely applied, was there any thing which would indicate that it had been done. As to the part where the disease commenced, he thought there could be no doubt it was the larynx, and not the trachea, yet it extended to the trachea and even to the bronchi, but in a large majority of the cases which he had examined, he had never seen the lungs inflamed, or pneumonic. As to the cause of death in such cases, it was evident that it was mechanical, the air-passage having partially or entirely become closed. Dr. WALTER CHANNING thought if the disease did commence in the larynx, there would be more difficulty in swallowing than is generally manifested in such cases. Dr. H. G. CLARK thought the double canulas used by M. Trousseau were decidedly an improvement over the single ones

which were generally used after tracheotomy had been performed, inasmuch as the tube could be kept perfectly clean by withdrawing the inner one for that purpose.

Dr. J. S. JONES mentioned the case of a *natural amputation*, at the shoulder-joint, in a young lad. The patient had his arm broken in two places, but from bad management, probably in treating the fracture, the arm became gangrenous and sloughed at the articulation of the scapula. Notwithstanding, he did well.

Dr. BOWDITCH related the case of a patient of his, upon whom he performed the operation of paracentesis for empyema. The physical signs were rather remarkable. Before the operation, on applying the ear to the upper part of the chest, egophony and pectoriloquy were distinctly audible, which ceased to exist after the removal of the purulent deposit from the pleural cavity. Dr. CHANNING mentioned a similar case, where there was a large abscess over the upper part of the sternum, which opened spontaneously, and from it came pus in large quantities. Dr. Channing also made mention of a man who had been attacked with symptoms simulating bilious colic; finally he had a fixed pain in the right iliac region; a nodulated tumor was perceptible, that increased in size till pus was observed in his dejections, when the tumor lessened in volume, and is now fast disappearing. The query was, whether it could have been a cæcal abscess or not.

Dr. Z. B. ADAMS mentioned a case of intermittent fever, which had been successfully treated by the use of strong coffee and lemon juice, when all other means had failed. Dr. BIGELOW spoke of Humboldt's mentioning cases of the same fever occurring among the mountains of Peru, wherein the natives cured themselves by the juice of the bitter orange in strong coffee. Dr. CABOT said that he had been cured of the same fever while in Yucatan, by the same treatment. Dr. HEATON cured himself once when in the cold stage of this singular malady, by jumping into the Mississippi river, and he never had a chill afterwards.

At 104, the Society adjourned.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 10, 1852.

The Human Ear.—The Anatomy, Physiology and Diseases of the Ear, are the subjects of a Treatise by James Bryan, M.D., of Philadelphia, a gentleman who is becoming widely known for his various medical writings. After disposing of the anatomy and physiology of the ear, which constitute Book 1st, the second division embraces the diseases to which the organ is incident. No one will be disposed to question the obscure nature of those internal derangements to which it is exposed, and hence any reliable information cannot be otherwise than thankfully received. Eight chapters are devoted to the consideration of the causes of deafness, and the method of applying remedies; but in order to insure a prospect of success, the author approaches the subject gradually, by a scientific chart, as it were, of the maladies to which the auricle, meatus externus, membrana tympani, internal ear, &c., are incident. The book is not a heavy, cumbersome compilation, from all sources, but a neat, compact and to-the-point work, which explains to the practitioner the most direct method of meeting a case. This, therefore, is the kind of sure guide which is likely to be serviceable, especially in the hands of those who are not particularly experienced in that department of practice. Institutions for the treatment of diseases of the ear are becoming common in cities, but in the country the population is not dense enough to warrant

the attempt to concentrate sufferers of this class. It is for the immediate advantage of medical gentlemen remote from professed aurists, to possess the latest and best intelligence in this difficult kind of practice. Dr. Bryan's care to meet any supposable condition of the hearing apparatus, and to explain it, in the fewest words, makes it quite desirable to have the results of his labor accessible. For the small sum of one dollar, forwarded to the author, at Philadelphia, a copy would be returned by mail.

Dr. Mitchell's Valedictory.—This was an address before the graduating class in the Philadelphia College of Medicine. A singular proceeding in regard to this discourse may be found in the correspondence between the students and the professor—by which, it seems, it was solicited for the press before being delivered. The Committee say, "The undersigned were instructed to solicit a copy of your valedictory to be given on the 28th inst." The author's answer is dated Feb. 18th, in which he remarks, "I could wish it were more worthy of your perusal." According to the dates of both notes, not a line of it was heard till ten days after! Aside from this singular circumstance, the performance is excellent.

Annual of Scientific Discovery.—A year book of facts in science and the arts would be quite as acceptable to physicians as any other class of readers, and we therefore take the liberty of referring them to the above-named volume for 1852, just published by Messrs. Gould & Lincoln, of Boston. It puts the scientific inquirer in possession of all the discoveries in the world, for the last twelve months. It is amazing to contemplate the onward march of knowledge in all departments of nature, in a single year. Probably medical men have contributed as largely as any others to this gratifying progress of science and the arts.

Anonymous Correspondents.—It is but a repetition of former assertions, to say that no paper is admitted into this Journal, which in our estimation is calculated to lead to misunderstandings or controversies, without knowing the name of the writer. Occasionally, a gentleman, for some cause not always known to us, prefers to keep back his name from his communication; but we require to know it, or, if thought expedient, reject his article for the want of it. Sometimes, in the haste of giving out manuscript to the compositor, or in making up pages, a mistake is made, and an unsuitable anonymous article may slide along till it is too late to do otherwise than hope that it may do no harm. As we desire to live on terms of personal friendship with the members of the profession, and encourage peace and good will in the great brotherhood, the course, thus far pursued, is considered both proper and justifiable.

Spiritual Rapping Mania.—If reports are to be relied upon, this extraordinary disease is spreading in Boston and its vicinity. It takes admirably with a certain class of minds, and gentlemen who were esteemed for their sound discretion, heretofore, discover at once to their friends that a screw is loose in the mental machinery. With a profound expression of thoughtfulness, when the rappings are mentioned, some of them timidly venture to suggest that "there may be something in it."

What has become of that staunch phalanx of writers who used to address us on animal magnetism, some years since?

The rappings have become a regular, systematic and profitable business in Boston. We copy a card for admission to an exhibition, the price being fifty cents. It will show something of the nature of this silly mania. "*Regulations.*—This card entitles the holder to the privilege of communicating or asking proper questions, for fifteen minutes, at one of the regular sittings for spiritual conversation and demonstrations. No person will be permitted to occupy a longer time, or to interrupt others, without the special permission of all present. The *medium* takes no responsibility for the communications, nor does she promise that the visitor will receive satisfaction or responses. N. B. No person admitted as spectator without one of these cards. Please hand this card to the medium." Signed, M. B. Hayden.

Common Salt in Scarlet Fever.—Dr. H. A. Ramsay, of Georgia, writes to us that he has used in southern scarlet fever, in every grade, an emetic of the common table salt. "It is far superior," he says, "to all other remedies of the emetic class; indeed, in my conception, it seems to exert a specific effect upon the disease. The medicine is quite harmless in its operation, and may be repeated with impunity, *pro re nata*. Have your New England physicians ever tried the remedy? If so, with what success? I imagine the scarlet fever of New England is much more *malignant* than in our country."

Monument to Dr. Fisher.—MR. EDITOR,—In the last number of your Journal a subscriber makes an inquiry respecting the monument proposed to be erected to the memory of the late Dr. Fisher. In answer to that inquiry, it may be stated that the Committee appointed to carry the plan into execution have attended to the duty assigned them. The structure is being completed—and during the present spring, or early in the coming summer, it will be erected at Mount Auburn.

ONE OF THE COMMITTEE.

Substitutes for Mercurials in the Treatment of Syphilis.—M. Robin read before the Academy of Medicine, Paris, a note on this subject, followed by a recital of the researches of M. Vicenti, also on the same question.

In a previous communication, M. Robin had enunciated the idea that mercurials do not exert any particular mode of action upon syphilitic disease, except in combining with the virus, and converting it into a new and inert compound. Many other substances, M. Robin had stated, possessed the same powers—*e. g.*, preparations of arsenic, gold, silver, iron, and antimony, and therefore might advantageously replace the mercurial medication.

With this view, M. Vicenti had, at the request of M. Robin, studied experimentally the action of bichromate of potash. The following is a summary of the results:—

1. That the bichromate of potash possesses most undoubtedly anti-syphilitic properties more active and energetic than mercurial preparations.
2. That in the three cases in which it was administered no ill effects followed. The nausea occasionally excited is readily allayed by opium.
3. That being soluble the bichromate is rapidly taken into the system.

4. That the bichromate of potash may advantageously replace mercurials in the treatment of syphilis.—*London Med. Gazette.*

Effects of Syphilis upon the Fetus in Utero and after Birth.—Mr. Whitehead, of London, in a work recently published, "On the transmission from parent to offspring of some forms of disease," &c., gives the following interesting and melancholy data respecting the conveyance of syphilis from mother to child.

"Out of 256 deliveries of syphilitic women in my own practice, 110 terminated prematurely at different periods of the process. In five cases this event happened at two months; in thirty at three months; in thirteen at four months; in four at five months; in ten at six months; in thirty-nine at seven months; in sixteen at eight months. Only two of these were born alive; they were seven months children. One of them died on the second day, the other a few days later.

"Of the remaining cases, amounting to 146, said to have been at the full time when delivery took place, sixty-three died at the following ages: twelve during the first week; two in the second week; one in the third week; five in the fourth week; eight during the second month; six during the third month; seventeen during the second quarter of a year; three in the third quarter; one in the fourth quarter; seven during the second year; and one in the third year of life. A few were stillborn, and a considerable number of those who survive are still infants, a large proportion of whom may probably not live beyond the period of early childhood."

Dr. Dalton's Lectures in the University of Buffalo.—The course by Dr. Dalton, on Physiology and Legal Medicine, in the University of Buffalo, terminated with the close of the session, having been continued during the whole of the preliminary and regular terms. As this is the first course of lectures given by Dr. D., it is but justice to him to say that the high expectations entertained by those most competent to appreciate his talents and acquirements, have been amply fulfilled. His success as a teacher has been all that could be desired by himself or his friends.—*Buffalo Med. Journal.*

TO CORRESPONDENTS.—We shall endeavor next week to insert several papers which have been on file some time, and concerning which their authors are very naturally somewhat anxious.—One on Treatment of Diseases of the Air Passages has been received, but its length will prevent its immediate publication.—Respecting another communication just received, the author will receive a private note as to some modification of it.

MARRIED.—In Gilford, N. H., Dr. F. J. Stevens, of Hampstead, to Miss Sarah E. Morrill.

DIED.—In Cambridge, N. Y., Feb. 7th, Dr. William G. Nelson, much respected and lamented, 43.—At West Bloomfield, Ontario Co., N. Y., Hon. John Dickson, M.D.—At Stockton, Cal., James H. Rogers, M.D., formerly Professor in Rutgers Medical Institute, New York, and late health officer of the port.

Deaths in Boston—for the week ending Saturday noon, March 6th, 70.—Males, 34—females, 36. Accidental, 1—apoplexy, 1—disease of bowels, 1—inflammation of bowels, 2—disease of brain, 5—burn, 1—consumption, 16—croup, 2—debility, 1—dysentery, 1—dropsy, 1—dropsy of brain, 1—erysipelas, 1—typhus fever, 1—scarlet fever, 1—gangrene, 1—hemorrhage, 2—disease of hip, 1—infantile, 8—inflammation of lungs, 7—disease of liver, 2—marasmus, 2—menstrual, 1—old age, 1—pleurisy, 1—puerperal, 2—teething, 3—unknown, 2—worms, 1.

Under 5 years, 31—between 5 and 20 years, 11—between 20 and 40 years, 18—between 40 and 60 years, 7—over 60 years, 3. Americans, 35; foreigners and children of foreigners, 35. The above includes 10 deaths at the City institutions.

Medical Circulars.—Such is the competition in medical instruction, in this country, that even the schools of medicine of some of the States appear to be earnestly drumming up the people for customers. Circulars are actually flying through the post offices, announcing the facilities, economy, &c., of certain institutions for next November. This is taking time by the forelock; but it is positively injuring the medical character of the United States, to make such a show of ambition to gather up students.

Meeting of the American Medical Association.—The fifth annual meeting of the American Medical Association will be held at Richmond, Va., on Tuesday, May 4th, 1862.

All secretaries of societies, and of other bodies entitled to representation in this Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly-constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH, *One of the Secretaries,*
Bank st., Richmond, Va.

Medical Miscellany.—In 1861, there were committed to the Jail in Boston, 1,567 persons for intemperance; and 3,135 foreigners were incarcerated within the year.—It is said that there are about two millions of dogs in the United States, and that the expense of keeping them is upwards of \$10,000,000 per annum.—The meeting of the mediums or spirit rappers in Cleveland was a failure. The rappings were scarce and the spirits shy.—Dr. Elizabeth Blackwell expects to commence a course of public lectures, in New York, next week, on *physical development*.—A Jamaica paper states that 40,000 persons were carried off by the cholera in that island, the last year.—A subscription in aid of the Female Medical Education Society, of Boston, which embraces the medical college for females, amounts to a very handsome sum of money.—Dr. J. B. Alley has been elected physician of the Female Orphan Asylum, in Boston.—Yellow fever exists at Pernambuco.—David Kennison, the last man of the Boston tea-party, recently died at Chicago, at the great age of 117 years.—At the Starling Medical College, Ohio, 146 students attended the last course of lectures, and 35 were graduated. Dr. Lyman W. Trank, of Lorain Co., received an honorary degree of M.D.—Another Domestic Journal of Medicine has appeared in Boston, under the care of Dr. Hatch. There is still room for more!—Dr. Drake of Cincinnati, lately delivered an interesting address on the history of the medical profession of the West. It was on the occasion of founding a public library.